

- Trauma System
- EMS for Children
- Stroke System
- Poison Control Network
- Emergency Medical Informatics
 - Statewide Trauma Registry
 - Prehospital Patient Care Reporting
- Durable Do Not Resuscitate

Goals

- An overall upgrade to the technology that is used to collect information on EMS responses that occur within Virginia.
- Update the items that Virginia currently collects (dataset) from PPCR forms to the new national EMS dataset, known as NEMSIS.
- Add performance improvement tools for agency and OEMS use.
- Provide EMS agencies with access to their own data through user friendly internet tools.
- Replace the current PPDR program with a commercially developed (“off the shelf”) Web-based program.
- Using an upgraded program will:
 - Improve quality and consistency of PPCR data;
 - Increase the ease of using the data for reports and analysis;
- Decrease the amount of time the data is able to be used.

Important Items for EMS Agency Leaders

- The data items that are currently being collected will change.
- The technical format that data has to be transferred to OEMS will be changed.
- The laws, regulations, and policies related to submitting PPCR data will NOT change.
- Agencies may continue to use commercial EMS software programs of their choice, but data submission to OEMS will continue to be required to contain the minimum dataset and submit using OEMS’ prescribed technical format (which will change).

Minimum dataset will change: The current minimum dataset required by OEMS is based on the National Highway Traffic Safety Administration (NHTSA) version 1.0 EMS dataset. With the implementation of an upgraded system OEMS will concurrently update the minimum dataset to NHTSA version 2, otherwise known as NEMSIS compliant.

Technical format change: The current technical format (space delimited) used to submit data to OEMS will be changed to the technical format prescribed in the NEMSIS project (XML). The NEMSIS technical format can be found at www.NEMSIS.org/softwaredevelopers. This format is NOT acceptable until your agency has been notified by OEMS of your specific implementation timeframe.

Laws/Regulations/Policies: State laws and OEMS regulations have not been changed related to submitting prehospital patient care data. The changes are limited to technology improvement, dataset update, and technical format change to match the new national standard. Enforcement of submission requirements have been increased over the past several years to the current level of fully assuring that EMS agencies are compliant with submitting as required.

Use of other than OEMS PPCR software: OEMS will continue to accept prehospital data from agencies using other than OEMS provided software. Agencies need to ensure that when purchasing an EMS software package that it is capable of submitting to the State. It is the licensed EMS agency’s responsibility that data submitted to OEMS contains the minimum dataset, using the technical format that is currently mandated by OEMS, and is submitted without interruption when changing to electronic PPCR or changing vendors, etc.

Timeline: When a timeline is available it will be posted on the OEMS Website and distributed to all Virginia Licensed EMS Agencies. Agencies must continue to use the current format to submit until OEMS has announced the implementation plan for your agency. The implementation timeline and training plan will be developed by the company that is awarded the contract to provide the new EMS Registry program. Agencies will be given a generous time period that they can submit to either database with a deadline that they will only be able to submit to the new database.

Project Description

The proposed upgraded system, which is called the EMS Registry, to match its legal name, will be a statewide, web-based data collection and reporting tool. As a web-based tool this means that agencies will either enter data directly into the EMS Registry by entering the information from completed PPCR forms through a web-page, upload PPCR data from a state provided electronic PPCR (ePCR), or upload data from a commercial EMS software program that the agency has purchased.

Upgraded technology: moving PPCR data collection to a web-based program is the largest part of upgrading the program and brings it to a level that is now the standard method for state and federal agencies to collect required information. For the majority of agencies this upgrade will eventually make submitting easier; a small percentage of agencies will have challenges accessing the internet or will have to add internet service to their squads budget.

Other technology that is part of OEMS' goals is to provide EMS agencies with access to their own data, including reporting tools to view the data. OEMS intends to continue to provide the basic data collection and performance improvement and reporting tool at no cost to agencies. OEMS also intends to ensure that whichever vendor is awarded the contract for Virginia's new program that they also have programs available to agencies (at the agency's cost) that many EMS agencies need such as billing, certification tracking, inventory and maintenance tracking, ePCR, GPS mapping, and CAD interface. Etc, (all of this is subject to the State procurement process)

Performance Improvement (PI): sometimes called quality assurance (QA), quality improvement (QI) or other names is required to be performed by each licensed EMS agency in Virginia. The EMS Registry project will have, as part of its basic function, the ability for EMS agencies to review their own data in a way that they can see where their strengths and weakness are so they can strive to provide the best patient care and response to request for services as possible.

Commercial Product: Why is OEMS planning to purchase an already existing commercial product instead of developing its own program? Simply put: time and money. With the amount of information technology (IT) resources available to OEMS, competing with other state programs, combined with amount of time and effort that is required to design, program, test and implement a new program of this size, the PPCR program realistically would not get replaced.

It has only been within the last two-four years that there have been EMS software programs developed that can manage a statewide system. Thanks in part to the standards created by the NEMSIS project there are now about 12-14 statewide programs that are similar to what OEMS envisions in our program. The efforts of these 12-14 states has provided software companies with the opportunity to learn how to provide statewide service and provided Virginia with the ability to learn from the other states how to implement a new program with less problems. We will save significant time and cost because of the experience of the other states going first.

The current data collection system, the Pre-hospital Patient Care Reporting (PPCR) system, no longer fully meets the business needs of the Office of EMS. For greater than two years the Office of EMS has been weighing options available to it for developing a new comprehensive data collection and reporting system. Through stakeholder input and internal VDH IT resources, the consensus has been that the desired enhancements are not cost effective and system replacement is the only viable option.

Christy Saldana
PPCR Coordinator
Office of Emergency Medical Services
E-mail: Christy.saldana@vdh.virginia.gov
Telephone: 804.864.7598

Contacts

David S. Dishner
IT Project Planner
Office of Emergency Medical Services
E-mail: David.Dishner@VDH.Virginia.gov
Telephone: 804.864.7634

Trauma Program Staff:

- Paul M. Sharpe, Trauma/Critical Care Coordinator
- David P. Edwards, EMS for Children Coordinator
- Jodi M. Kuhn, Informatics Coordinator
- Christy Saldana, PPCR Coordinator
- L. Russ Stamm, Trauma Registry Coordinator
- Wanda Street, Secretary Senior